HEALTH

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A JOURNAL DEVOTED TO HEALTHFUL LIVING

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—Rao Saheb T.N.S. Raghavachari.

Price FOUR Annas.

The Late Dr. U. RAMA RAU

We regret to announce the death of our founder and senior Editor, Dr. U. RAMA RAU of heart failure on Monday the 12th May '52 at his residence at the mature age of 78.

—U. VASUDEVA RAU, *Editor*.

A Journal Devoted to Healthful Living

HEALTH

Founded by the late Dr. U. Rama Rau in 1923.

Edited by Dr U Vasudeva Rau, M.B., B.S.

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Vol. XXX JUNE, 1952 No. 6

A TITAN PASSES AWAY: Shri Dr. U. RAMA RAU

It is with deep regret and profound sorrow that we have to record the passing away in the early hours of Monday morning the 12th May 1952, at his residence in Vepery, Madras of Shri Dr. U. Rama Rau, the founder and Senior Editor of Health at the ripe old age of 78. He was in normal health till the hour of his death, which was as sudden as it was unexpected. The end came all too suddenly and was due to heart failure. He died full of years and honours.

His death has removed from the medical profession and from the country a pioneer who set high standards of medical skill for the members of the profession to follow, and who played also a very prominent and notable part in the political life of the country, particularly in the Madras State. His record of public life, as a doctor, as a public health worker, as a city father, as Honorary Magistrate, as the organiser of First Aid Units in Madras, as a Legislator, as President of the Indian Medical Association, as a member of the Council of State, and as President of the Legislative Council—to mention but a few of the numerous activities in which he cheerfully and whole-heartedly engaged himself all through his life—is one of which any man can feel genuinely and justly proud.

He founded the Antiseptic in May 1904 along with the late Dr. T. M. Nair of revered memory and the whole medical profession knows how strenuously and assiduously he fought inch by inch for the maintenance of the dignity and rights of the medical profession.

In 1923 he started this Journal—Health—in order to meet a long felt want, *viz.*, to educate the lay public in matters of health and hygiene. He was also the pioneer in many other branches

of activity; thus for instance, his continued agitation through the Medical press and public platforms for the medical inspection of school children and college students, resulted in the scheme of medical inspection of schools, formulated in 1924 by the Madras Government; similarly, in the abolition of the L.M.S. degree, the appointment of honorary surgeons and physicians in Government hospitals, the registration of qualified medical practitioners, the formation of a separate cadre of Health Officers in this State, the improvement of the lot of the rural medical practitioners, and in the formation of a general Medical Council for the whole of India, Dr. RAMA RAU's unflinching championship and pioneering activity were indeed very great and deserve to be remembered for all time.

The Titan, for he was one among men of his age, has passed away. He has left a void behind him; also indelible marks of his great achievements in nearly every sphere of human endeavour. He lived long enough to see the fruition of most of his schemes and to enjoy the fruits of his labours. We expected him to live longer and participate in the Golden Jubilee of the ANTISEPTIC in 1954. But this was not to be. Man proposes; God disposes. He lived to see his worthy sons ascend gracefully the ladder of success and reach its top rungs. (The Hon'ble Dr. U. KRISHNA RAU, M.L.A., as a Minister of the Madras State and Dr. U. MOHAN RAU as an eminent front rank surgeon universally popular amongst the people of Madras). Dr. RAMA RAU was a versatile genius and had a *flair* for service to his fellowmen, whose blessings and good wishes he always prized. May his soul rest in peace. Om! Shanthi! Shanthi! Shanthi!

* * *

Memoir*

The late Dr. U. Rama Rau was President of the Madras Legislative Council from June 1937 to March 1943.

Born on Sept. 17, 1874, at Udipi, South Kanara, he was educated in Madras. He set up private medical practice in the City and soon came to the forefront in his profession. He was Editor of the "ANTISEPTIC", a medical journal started in 1904 and now holding an international reputation. In 1914, he was instrumental in getting the Madras Medical Registration Act passed. He was also Vice-President of the Madras Medical Council. He was largely responsible for the inauguration of the Medical Council in India. He was elected President of the Indian Medical Association and was the author of the Rural Medical Practitioners' Scheme in Madras Presidency.

During the First World War, he organised ambulance classes and trained thousands for service on the Eastern Front. He published a pamphlet entitled "First Aid in Accidents," the sale proceeds of which went to the War Fund. His services were recognised by the authorities.

Dr. Rama Rau was also instrumental in the formation of a separate Public Health Cadre.

Besides a widely circulated English monthly called "Health," he published "First Aid in Child Birth" and 'Health Tracts' in English, Tamil and Telugu.

Dr. Rama Rau was keenly interested in temperance work and in Indian music and dancing. He was for some time Vice-President of the Suguna Vilasa Sabha and President of Music Academy.

He was also a Councillor of the Corporation of Madras for many years.

Dr. Rama Rau was for long a member of the Indian National Congress, having joined that organisation a couple of years before the commencement of the present century. He was Vice-Chairman of the Reception Com-

mittee of the Congress sessions held in Madras and Belgaum.

During the Civil Disobedience movement, Dr. Rama Rau maintained in Madras a hospital for the treatment of the sufferers in the movement.

He was a member of the Madras Legislative Council for five years from 1921 and represented the Legislative Council on the Senate of the Madras University. He was elected member of the Council of State on the Swarajya Party ticket in 1926. He took great interest in problems relating to compulsory education, reduction of land tax etc. He resigned his membership in the Council of State in 1930 in obedience to the Congress mandate.

Dr. Rama Rau was again elected to the Madras Legislative Council on the Congress ticket from the City constituency and was unanimously elected President of that body in 1937 when the first Congress Ministry under Mr. C. Rajagopalachari was formed.—(*The Indian Express, Madras*, 12–5–'52).

* * *

A Tribute by the Hon'ble Sri C. Rajagopalachari, Chief Minister of the Madras State on 12–5–'52 :—

Mr. Rajagopalachari said: "In the early hours of this morning, Dr. U. Rama Rau one of the leading figures in the City of Madras, passed away in peace without any period of illness or pain, brief or long, preceding the event. It gives me a kind of sad satisfaction. Dr. Rama Rau was born in 1874. He was a Good Samaritan to all the young people in the City in the late nineties of the last century, among whom I was one, being a young lodger in the City of Madras at that time.

"Dr. Rama Rau was for a long time member of the Madras Medical Council and also its President. He was the Editor of 'ANTISEPTIC' and 'HEALTH' and published several articles on health and hygiene. He was also President of the Indian Medical Association and Superintendent of the St. John's Ambulance of the district. Apart from his active and valuable services to his own profession, he was elected Councillor of the Corporation for many years and member of the University Senate and the old Legislative Council of Madras. He became a member of the Council of State in Delhi in 1927 and resigned in 1930. During that period he was a member of many committees of the Government of India. When a popular ministry took charge in Madras in 1937, he was a member of the Legislative Council and was elected President from June 1937 to March 1943. Hon'ble members, who served in the legislature at that time know the manner in which he discharged his duties. He was an exceedingly pious and good-hearted and a benevolent man. The quality of public work which he did during his long life is worthy of commendation. His two worthy sons and grandson also belong to the same noble profession. In fact, Dr. Rama Rau was a model citizen and a model head of his family. I hope his family will maintain his tradition of service and politics without egotism or rancour."

THE PREVENTION AND CONTROL OF DISEASES

LOOKING through the vital statistics for 1949 for the State of Madras, issued recently by the Madras Public Health Department, we note that the highest mortality was caused by fevers, including malaria; as many as 211,451 people are reported to have died of these fevers. Respiratory diseases accounted for 88,194 deaths; tuberculosis was one of these but its incidence was less than that of the other diseases of the lungs and chest. There were 1,003,710 cases of water-borne diseases such as cholera, diarrhœa and dysentery and 55,500 of these ended fatally. The persistently high rates of infant and maternal mortality continue to be another serious problem facing the health authorities. Nearly 10,000 mothers died of child-birth in 1949 and over two lakhs of children

perished before they entered their second year of earthly existence. Still, there has not been enough propaganda and other active measures for tackling this problem, by which these mothers and children can be saved. The need for more maternity hospitals and child-welfare centres is constantly on the increase, owing to the rapid and tremendous increase in population but so far no concerted campaign appears to have been launched to meet the situation.

"The effective control of cholera", observes the Director of Public Health "continues to be illusory, the problem of provision of water-supply and improvement of sanitation being so vast and taxing the resources of the State". This naturally strikes a note of despondency in us and the snail-like progress that has been made during the past few decades in providing protected water-supplies and satisfactory drainage systems to the towns—leave alone villages which are in a woefully miserable condition—leaves us in utter despair of seeing even a partial solution within the foreseeable future!

One of the recent Public Health Bulletins issued by the Director of Public Health periodically, on "Epidemic diseases in the State" shows that in a little over three months since February 1952, there were 4300 deaths from cholera, small-pox and plague! The actual number of people who had these diseases, though not stated, must have been at least six times as many as those who succumbed. Many of these survivors may not yet have completely recovered from the after-effects of these dire diseases. There are still many other diseases considered 'minor ones' that claim a heavier toll of lives every year. Yet our Governments and public bodies do not appear to devote sufficient attention and take adequate steps to combat them, "even though large associations exist to combat a few diseases like tuberculosis, leprosy and cancer". These bodies no doubt are carrying on most excellent work, though "the special campaigns they conduct under the patronage of ministries, to induce people to contribute liberally for the prevention of those diseases, seem to divert public attention from the need for even greater and more vigilant and sustained efforts to prevent and control diseases that have been causing greater suffering and loss to the nation". Although comprehensive plans for the promotion of public health have been suggested by numerous committees and commissions *e.g.*, the Health Survey and Development Committees, appointed by the Central Government in 1943, the Kaleswara Rao Committee appointed in 1947 by the Madras Government to consider particularly the water-supply and drainage schemes to towns and villages, only a few of the proposals made by them have so far been considered at all seriously.

The effective administration of food laws to prevent the adulteration of food—a very serious problem which continues to be a menace to the nation's health, and is unfortunately on the increase as a result of the prevalent black-marketing—has not been possible, as local bodies lack adequate

laboratory facilities for analysing the foods. Public co-operation in the direction of hounding out persistent offenders, has also been lacking; and the detective staff employed is inadequate and not always of the best type suited for the job.

The report under review of the Director of Public Health states that the 'total war' against malaria has been progressing satisfactorily and that a spectacular reduction in both morbidity and mortality has been achieved in the different areas, where (with extra help from the WHO and UNICEF) systematic malaria control is being effectively carried out by trained bands of workers. At present anti-malarial operations are spread over an area of about 10,000 square miles in the Madras State and the Director of Public Health says, "The population in these malaria-stricken areas is already feeling the advent of a new era of health and economic prosperity." These areas now under control are amongst the most fertile agricultural parts of our country and the eradication of malaria in these areas, will not only augur well for the health of the population but will also result in increased production of food, which has lately become the most urgently needed item for India's economic prosperity and for the general welfare of the nation.

THE SANITATION OF HOTELS AND EATING HOUSES

THE Hotel Sanitation Committee appointed in October 1950, by the Madras State Government have at last produced a report suggesting that catering establishments should be licensed under the Madras Public Health Act and suitable comprehensive amendments and alterations to the existing rules be made, for the control of food. The committee obtained written answers from knowledgeable persons to an exhaustive questionnaire, and then examined them as witnesses. They also inspected several hotels and eating houses of all descriptions so as to gain first hand knowledge of the conditions prevailing in them. In their exhaustive report just published, they refer to the prevalence of diseases such as dysentery, diarrhœa and typhoid, caused by the eating of contaminated and infected foods sold in many eating houses, including some in the City of Madras. The incidence of these diseases traceable to hotel food, is difficult to assess accurately but in their survey the Committee have noticed that 10 to 25 per cent of the resident population, and over 75 per cent of the floating population of any town eat their principal meals in hotels and almost 95 per cent of all the people who work outside their homes take their lunch or/and tiffin in hotels.

The Committee during their detailed inspections found that the kitchens were dark, dingy and ill-ventilated that proper smoke exits were seldom present, the floors were littered with food scraps, vegetable peelings and other rubbish. The store rooms had not proper light or ventilation, the provisions therein were left uncovered, and got mixed with all sorts of dirt, grit and incompatible ingredients. Plates, cups and

glasses received a perfunctory cleaning by immersion in tepid or cold water, were then wiped with the same dirty rag of a towel in use for hours or even days on end. The cooking and drinking utensils were washed in water which had previously been used for several cleanings without being changed—it was really waste water, not unlike dilute sewage teeming with millions of bacteria.

They also found food-serving to be very very clumsy and often positively repulsive to the more discerning customers. The daily routine midday and night meals are served on leaves—improperly cleaned and besmirched with dust—laid in 2 or more rows on the ground with hardly enough corridor space for the incoming and outgoing diners and servers to move on and about, without shedding the dust off their feet on to the food being eaten by those still in their seats. Though there are on the Statute books of the State, and of the local bodies (Municipalities and District Boards) laws regulating the issue of licenses to hotels, they do not seem to be operative. The insanitary conditions in these eating places show an utter disregard and neglect of the sanctity and scrupulous cleanliness that should pervade them. Amendments have been suggested by the Committee to the Public Health Act, so as to make its provisions effectively operative. The starting of Model Restaurants by Municipal and other public bodies and farming them out to catering establishments is yet another recommendation, which if accepted and adopted by those bodies, will certainly conduce to a better control and more efficient working of these restaurants.

They have also recommended the formation of Standing Committees for various purposes connected with the design and equipment of hotels, the working out of suitable standards for sterilization of utensils, etc., and for the fixing of bacteriological standards for certain foods like ice-creams, fruit salads etc. They have also suggested the establishment of special courses and training centres, such as are in vogue in the U.S.A. for educating food handlers in hygienic methods of preparing and serving foods.

These reforms will no doubt go a long way in the amelioration of the highly unsatisfactory and insanitary conditions that prevail in our hotels. They are not however enough. It is imperative that all customers who frequent these hotels should co-operate and follow the rules of hygiene and learn to be always "decent in their conduct". Many who frequent these places, are found to be utterly callous and indifferent to hygienic laws and some even take a delight in violating them. What do you call the pernicious practice of many of these people in dipping and washing their fingers into drinking water tumblers, after eating greasy articles of food ? Anti-social habits add to the squalor of the hotels and create unhealthy conditions in their surroundings. Educated cultured and public spirited citizens must work untiringly to educate the public about cleanliness and the strict observance of essential social amenities and obligations.

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PHARMACY—

A Noble Profession of Service and Accuracy

Rao Saheb T. N. S. RAGHAVACHARI,
Retired Public Health Bacteriologist,
St. Thomas Mount, Madras-16.

PHARMACY is the oldest branch of the medical profession. It is hardly a branch; rather it is the root from which all medical science, and also other sciences have as I shall show later, sprung and grown. There are few institutions that have a longer history than pharmacy, few that have a more romantic and exciting one, and none that has a record of greater devotion and service to the needs of mankind than pharmacy. The pharmacist (the dispensing chemist as he is often wrongly styled in our country) carries on a great tradition which had its origins in religion; his code of professional ethics is really a theology binding on him and closely preserved and guarded by him. His conception of service and his conception of duty to others have also their basis in religion from ancient times when medicine was pharmacy and pharmacy was religion.

In those far-off ancient days, all misfortunes which befell mankind, were set down to evil spirits, ghosts, and malign beings who wished them evil and brought them evil. The priests of their primitive religion tried to propitiate or frighten away these evil spirits in various ways. Disease, like other misfortunes, was caused by these malignant spirits which *possess* the body of the patient. So priests alone could effect cures! They performed mysterious rites, (similar to the Indian *Poojahs and mantrams, japams* and *homams* galore) made frantic noises to frighten off the spirits with beats of special drums and in some cases also administered herbs and roots, barks and berries, often very unpleasant and bitter.

Among these herbs, roots and barks thus administered for spiritual reasons, some few had naturally and perhaps unexpectedly had great efficacy in the relief of suffering. By mere chance, the priests had stumbled on the true specific remedial herbs and roots. The priests then prepared and applied these remedies to all similar cases,and perhaps to other ailments as well. These priests were the first pharmacists known to history. It is from them down through the ages that pharmacy has come, carrying with it a remarkably sound tradition of service rendered freely and cheerfully and a code of ethics jealously preserved. Pharmacy has grown now into a science of extensive usefulness and application; its aims and objects, its principles and methods have all however, remained but little altered through centuries.

The purpose of pharmacy has always been to prepare, and compound the medicaments which

prevent, control and cure disease and relieve suffering. All of us are familiar with the symbol-℞-at the top of every prescription drawn up by the doctor. This symbol is *not* as is frequently supposed an abbreviation of a Latin word meaning recipe or compound, but is a pious invocation to Jupiter, a prayer for his help to make the treatment efficacious. It is one of the superstitious elements that have clung tenaciously to the practice of allopathic medicine even though its significance has been lost; it persists now merely as a convention. Do not we, use in our letters and documents a *Pillayar Suzhi*, an *Om*, or a *Sree* at the top, as an invocation to our gods?

From time to time the attributes of pharmacy have grown into uses other than those contemplated by the traditional lore, *e.g.*, commercial uses of a far-reaching importance. Another striking feature in its history is that it has given birth to other sciences. Thus, for instance, pharmacy is the mother of botany and is also the mother of chemistry. These two children have launched out into wide and varied careers of their own and perhaps have also forgotten the debt to their mother, pharmacy. The pharmacists and the Science of Pharmacy ask for a mere recognition of the fact that theirs is a profession from which have grown some of the great sciences upon which we depend for our material civilization.

Chemistry has become indispensable for human wealth and comfort—we live now in a chemical or shall we say, a biochemical-age. Chemistry grew out of alchemy and alchemy with its search for the elixir of life and for the philosopher's stone that would transform base metals into gold, grew out of pharmacy.

Modern pharmacy owes a great deal to Karl Wilhelm Scheele, the Swedish chemist and pharmacist, (1742–1786) who spent his life in a Swedish apothecary-shop. He compounded prescriptions and gave his time freely to anyone who came for help to his shop. He bequeathed to the world great discoveries made in his apothecary-shop. In his spare time, the moments when there were no prescriptions to fill, when there was no one waiting at the counter, and when the shop was closed for the night, he worked within closed doors to satisfy his unsatiable curiosity concerning the properties of the materials which he dealt with in the course of his dispensing. He performed experiments and from them came astounding results. One day he heated together a certain powdered mineral and an acid; he observed a greenish-yellow gas being given out and collected some of them in a bladder. The fumes nearly blinded him and made him cough violently. *Scheele had discovered chlorine.* This discovery has revolutionised the bleaching industry in textile manufacture. Chlorine as we all know, is now also used to sterilise our drinking water supplies. The most grossly contaminated water, can be rendered absolutely safe and non-infective by treating it with a small dose of chlorine. Scheele did not profit from his discoveries except in fame. He discovered glycerine, among many other things; he was led to this discovery

when he was preparing a healing plaster. He was soon able to make glycerin from vegetable oils and his discovery has added millions of pounds to the chemical industry, for this glycerin is now a very valuable by-product in the commercial manufacture of soap. Scheele has therefore been adopted by the chemists as one of their own members, forgetting that he was first and last a pharmacist and that his discoveries were all made in the course of his making pharmaceutical products.

In 1929 when the sesquicentennial celebration of Scheele's discovery of glycerin was celebrated, the Industrial Chemists of England and America sent a congratulatory message to crown Prince Adolph of Sweden, acknowledging a debt to Scheele. The pharmacists resented this as a slight to their just pride. They were justly annoyed at the fact that no acknowledgement was made of the fact that he was a pharmacist and that glycerine was discovered "as a side issue to filling of a prescription". With a similar feeling of pride in profession and a laudable desire for a just recognition of their achievements, the pharmacists in America devote a whole week every year "*National Pharmacy Week*" and the pharmacists in India have started their annual and periodical conferences, in the interest of a better and wider understanding of their aims and aspirations, their ambitions and the service rendered by their profession to the public welfare and public health.

The pharmacist of the present day is a trained person, with a pride of profession, one who has studied during 2 years in a professional college, chemistry, toxcicology physiology, posology and many other subjects besides the technique of mixing medicaments. In addition to this college course, he has served an apprenticeship and acquired practical experience. Finally he has undergone a rigorous public examination.

Pharmacy is not as many imagine, the mere mixing of drugs or the following of a prescription written by the physician, *The pharmacist is the real safeguard to your health and life.* He must know the purity of every ingredient he adds; and to this end he should be one of the potent forces—which he is not yet in our country—in bringing about suitable laws governing the purity of drugs, foods and chemicals. He must be familiar with the action on the human system of each medicament he dispenses. *He must assure himself that the amounts prescribed by the physician are the correct ones.* Legally and morally he shares a responsibility as great as the doctor's. He must not fail the public whose very lives are, so to speak, in his hands. Pharmacy is thus a sacred and noble profession of service and accuracy.

JAI HIND, JAI BHARATH.

A little boy came home from school after a lesson in natural history and said to his mother, " Is it true that I am descended from an ape ?"

" I cannot tell you " replied the mother " I did not know your father's people very well "—(*Popular Fallacies*).

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You Can Help TO PREVENT THE SPREAD OF TUBERCULOSIS

Dr. JOHN G. DAVID, Medical Superintendent,
The David Memorial Tuberculosis Hospital,
Mehmadabad, Kaira Dist., Gujarat.

ALMOST every country in the world has been fighting against the spread of tuberculosis. Surgery has advanced to such an extent that a portion or even the whole of one diseased lung can be removed safely and tuberculosis arrested. B.C.G. vaccination to prevent the spread of tuberculosis among the healthy is also being practised on a nation-wide scale. Researches are continually being made to discover a drug that will be more effective than the present ones to destroy the tuberculosis germs without damaging the body tissue.

But unless every one of us joins in this great task, and does his little bit, it is not possible to eradicate this disease completely from our midst. So let me indicate briefly how, "You can help to prevent the spread of tuberculosis".

1. *You! the actual patient*:—As infection spreads from your sputum you should avoid spitting at random. You must always spit into a spittoon containing an antiseptic. After use the contents of the spittoon should be thrown into the water closet or into the drain and the spittoon itself should be immediately immersed into another larger vessel containing water, and boiled for about half an hour.

While coughing, cover your mouth with a piece of cloth or toilet paper, and burn the same afterwards.

Keep all your vessels and belongings separately and wash them regularly with soap andwater and allow to dry in the sun where possible.

Destroy the food left over by you so that no one else can use it. Do not ordinarily allow children into your room, but if they must or (if they happen to) come, you should neither embrace nor kiss them. Follow the advice of the doctor scrupulously and take complete treatment, till you cease to be infective to others. Remember, the complete arrest of the disease in you, will prevent many more from getting it.

2. *You! The relatives and friends*:—All of you should demonstrate your sympathy by practical help, rather than by paying lip sympathy and casual visits, occasionally or even often. Do not keep aloof from the patient. The sick requires prolonged treatment which involves heavy expense. Therefore, you must come

forward with some contribution of money—no matter how small the amount, but make sure that it will help in some little way, during his hard days. But instead of giving such help, some of you often expect the authorities of the institutions to provide all the help. This is certainly not a helpful attitude either to the patient or to the institution.

Family worries must be strictly kept away from the patient while he is under treatment. He must have a mind free from cares and anxieties and maintain a cheerful disposition ; this can be achieved only by your willing co-operation, comforting assurances and practical help.

3. *You! The general practitioner* :—You are the first to come into touch with a case either as family doctor or as a private medical attendant. In your hands lies therefore, the responsibility of gently telling the patient of his condition and preparing him for the further specialised treatment.

Hiding the facts from him and giving him false hopes and assurances, are criminal and will only lead to great distress and disappointment. You should indicate the correct line of treatment to be adopted and when possible secure early admission for him into an institution.

"The patient pays for the X-rays, and for all the clinical tests ordered by the family doctor, but so far as the results are concerned, the patient is kept in complete darkness and is thereby deprived of his chance of taking proper treatment. Is it justice ?". These are the very words recently expressed to me by a patient, when he was asked for the reason of his not taking treatment early.

Therefore, you should give the patient a full regimen of the treatment to be taken, and while he is waiting for a call from the institution, he must be kept in complete bed-rest and asked to follow preventive measures necessary to prevent his spreading the infection.

Do not misuse the antibiotics. Remember streptomycin is not a panacea for all forms of tuberculosis, as actually only a few types are helped by it. Further, streptomycin may be used only once in the course of the treatment; the indiscriminate use of the drug will deprive the patient of its being useful at the most critical time when it may be actually indicated.

Working in co-operation with an institution will help to overcome many practical difficulties, such as risk of spread of the infection due to long-waiting.

4. *You! the Tuberculosis institutions* :—It is a well known fact that the beds available in India for the tuberculosis patients are extremely few and therefore, those few that we do have must be utilised to the best advantage. A close co-operation between the institution and the private practitioner is imperatively necessary.

All cases do not necessarily require a prolonged stay in an institution. Treatments like A.P., P.P. etc. in early cases may be followed-up in the home under the professional care of the private physician, after a short stay at the institution for the primary

induction and perhaps also during a few subsequent refills.

The private practitioner should be given proper instructions as to the line of treatment, enforcing rest in bed etc.; he must be told to send the patient for regular refills and advice at intervals from the institution. When a patient cannot attend the institution owing to unavoidable circumstances, arrangements must be made with the institution to have the refill regularly at home. In this way the few beds that are available can be made available for the most deserving cases who must be treated only in the institution.

5. *You! the Tuberculosis and other Health Associations* :—Many lay people are still ignorant of the true nature of this disease. 'Old people and infants never suffer from tuberculosis' is still a common belief and people often therefore, refuse to accept a diagnosis of tuberculosis in such people. Extensive and intensive propaganda in the shape of literature, educational films, lectures etc. in the different regional languages should be carried out.

You (private and public bodies and associations) should help the tuberculosis patient to get the benefits offered by the Government for his treatment and should also arrange with private parties, firms and factories to make provision for giving their employees medical and financial aid when they fall ill.

You should try and prevent the promiscuous use and the misuse of certain useful drugs such as streptomycin and prevent the publication of spurious advertisements and literature about the so-called specific cures.

You should request the Government and other public and private bodies employing large labour to provide suitable living quarters and adequate nourishment to their staff, in order to keep them fit. Free-beds in hospitals and free vaccinations etc., will be of little or no use when people have no decent place to live in and precious little to eat. Unless these are first remedied, the spread of tuberculosis cannot be effectively prevented.

You should try and open employment bureaus for patients discharged from tuberculosis institutions. Unless this is done cases of relapse will occur very frequently as a result of anxiety and consequent breakdown.

6. *You! The General Public—(Society at large)* :—Very few realise the fact that the cruel and unkind attitude of the public in general, results in patients trying to conceal the disease, and so remaining a potential source of infection and danger to the community. Tuberculosis patients should not be treated as outcastes and lepers. They must on the other hand be shown sympathy and whenever possible, suitable help to enable them to take early treatment and get rid of the disease.

Remember, an open case of tuberculosis left untreated can spread the infection broadcast. Therefore, it is your sacred duty to arrange for the proper early treatment of all tuberculosis patients. This can be done by

every one of you, contributing a small sum every month to the associations or to the institutions catering to the needs of the tuberculosis patients. Though very small, such sums contributed regularly by everyone, will swell to a size that can save the lives of many hundreds of the sufferers.

Remember how a poor postal clerk in Denmark took pity on the poor sufferers and started the Christmas seal in 1904, and how the proceeds of the sale of these seals were used to establish a Children's Tuberculosis hospital in Copenhagen. This example is now followed by every country in the world. It is your duty to help this cause at every turn.

Do not hesitate to re-employ a tuberculosis patient when he is certified fit to resume work, and when you do employ one, please do not be hard upon him but be considerate and show sympathy to him.

You will be doing your bit in the prevention and control of tuberculosis, if you help in the directions mentioned above.

JAI HIND, JAI BHARATH.

EFFECTS OF MILK IN CHILDREN'S DIET

Success of UNICEF Experiment in Madras

IN a recent 60-day test in Madras, a group of six-year-old schoolboys who each received a daily glass of milk gained, on an average, a pound in weight and 1/3 in. in height. Another group of boys of the same age who got no milk averaged corresponding increases of only ¼lb. and 1/10 in. This contrast was among the results of a demonstration conducted by UNICEF (United Nations International Children's Emergency Fund) in several countries of Asia to show the physical effects of milk in the diet of children. The experiment has been described in a report just made public by UNICEF.

The report, "Experience with UNICEF-Assisted Feeding Programmes in Asia", shows that some 42,000,000 lb. of powdered skim milk have been sent to 16 Asian countries and territories. By the end of 1951 the milk was reaching a daily average of 1,013,000 children and expectant and nursing mothers.

"The effects of supplementing an inadequate diet with a high-protein food were obvious within a relatively short time", says the report. "Evidence from all the countries confirms in similar terms the statement from the Government of East Punjab.. that 'children who previously were pale, thin and weak looked after three months plumper, brighter and happier".

Besides use for demonstration purposes and in general school-feeding programmes, the milk made available by UNICEF has been distributed to meet emergencies. In India and Pakistan —"the largest recipients of the milk in Asia"—"over half of the supplies have been distributed among the refugees". Special aid was also given to children in the flood-stricken areas of Assam in 1950.—*B. I. S.* (7-5-'52).

INFANT WELFARE

With Special Reference to Feeding

R. DWARAKANATH
Chandrika, Madras-16.

"HYGIENE" is defined by the dictionaries as 'knowledge or practice as relating to the maintenance of health.' This, in common parlance, has come to include all the routine practice of cleanliness including disinfection, so as to confer freedom from infectious disease.

Infant Welfare implies an enlightened approach to the varied little routine jobs which, when well executed, ensure a healthy life to the baby. Infant welfare, in practice, includes all the activities concerning the baby, such as clothing, systematic weighing bathing, feeding and also its toilet, as well as its play and sleep.

Even this scope is not sufficiently wide. A more positive and human approach is needed to the methods of hygienic control of infant welfare; for a normal healthy baby can be the result only of good rearing, based on good hygienic methods. When such methods break down infection occurs, and so in the matter of rearing up of babies, the end in view should be, in the words of Lord Boyd-Orr, to "create and maintain an environment free from preventable disease."

The diseases that usually infect babies particularly during the first two years of their lives, are gastro-enteritis and diarrhœa. In England deaths in infants due to these causes were 35 in 1900 and 5 in 1945 per 1000. This reduction has been achieved as a result of healthier and more hygienic methods practised in the nursery in recent times.

Breast-feeding is the baby's birth right and is the most hygienic mode of infant feeding. It eliminates nearly all possible sources of infection, such as are common to the feeding bottle, the teats and sometimes also to the artificial food as well. Investigations in England have established the fact that out of 120 cases of infant enteritis *only one* occurred in the breastfed and the 22 who died were all bottle-fed babies. It has recently been shown that certain bacteria of the *coli* group— (organisms found normally in the human intestines) give rise to enteritis in infants, under certain conditions.

The most common sources of infection in babies are the napkins, towels, hands, dust, feeding-bottles, teats, bath-tubs and drinking cups. Dust raised while sweeping the floor may cause "sticky-eyes" in children. This shows how a simple domestic activity carelessly performed can be the source of spreading an infection. Dusty rooms should be mopped with wet mops so as not to raise dust; this is particularly necessary in sweeping nurseries and sick patient's rooms.

An interesting case will show how dried milk powders used in

child feeding can become infective. A mother fed her baby on a milk food. One day she left the tin open while preparing her baby's feed. Her 3 year old child, with a severe cold and running in the nose, ran in and dipped his sticky fingers into the tin and had a hearty go at it. Then the mother closed the tin, put it aside; two days later the baby, who was being fed from the tin, developed severe diarrhœa and vomiting. Investigation showed that the milk powder was responsible, as a large number of bacteria and cocci had got into the powder. So never leave the lid off a baby-feed-tin longer than absolutely necessary. Use clean dry and sterilised spoons. (They can be easily sterilised by dipping them in boiling water for a minute and wiping dry with a clean towel). Remnants of used milk powders and baby foods that have been kept unused for over a week or ten days should be discarded unless kept well packed as they may have become rancid, moldy or contaminated. Feeding bottles and teats should be properly cleaned, as any residue in them may harbour infection from dust and flies, and from people coughing and sneezing. The usual difficulty in sterilising these glass bottles is that they are liable to crack, the teats liable to soften and become sticky in the act of boiling.

To boil bottle:—Fill it with clean water and immerse it in a vessel also full of clean cold water and then heat the outer vessel so that the temperature rises slowly, gradually and uniformly; allow it to boil briskly for 5 to 10 minutes at least once a day; other daily cleanings should be done with a bottle brush and soap, followed by thorough rinsing with 2 or 3 changes of clean water.

You may have prepared the feed most hygienically and put it into a clean and sterilised feeding bottle, and slipped the teat into position. But, by leaving it on the floor or table, in order to answer an urgent knock at the door, or a telephone call or a neighbour's call to ascertain the correct time or to attend to some dish which may have boiled over or charred on the oven, or to another child starting an yell, the teat on the feeding-bottle stands unprotected and exposed to the attention of a dangerous fly. It must be remembered that both the milk feed in the bottle and the teat must remain free from infection right up to the end of the baby's feed. When once the teat is set, even if the gods rap at the door—*Let them wait!*

All these tips are for those who deliberately deny or have to deny the baby its birth-right and rear it on artificial foods. They may be unnecessary for those who practice breast-feeding.

One of our neighbours is proud of her little boy's scientific knowledge and likes to show him off to her bridge club. One afternoon she asked her quiz kid: "Bobby! what does it mean when the steam comes out of the spout of the kettle?"

"It means," replied Bobby "that you are going to open one of daddy's letters."—(*Swing*) *J.A.M.A.*

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MADRAS

New Advances along the Clinical Frontiers

L. M. MILLER

1. Cause of hives (skin rashes): Resentment.—Many of us are aware that emotions can produce immediate skin reactions—for example the flush of anger, or the blush of embarrassment. Doctors at the New York Hospital have now shown, experimentally that *Resentment* is a common cause of the blotchy and itching disorder of the skin called *hives or urticaria.* 30 patients who had periodic attacks of hives were told to eat what they liked. Then the doctors concentrated on getting their life stories, particularly the emotional circumstances in which the hives appeared. It was found that the mere discussion of personal problems to which the subject had a strong emotional response caused a flare-up of the skin rashes. Strangely enough, the emotion aroused was not hostility, grief or anxiety. It was always *Resentment,* each patient saw himself the victim of unjust treatment about which he could do nothing. And when a patient felt this emotion, special tests were made by attaching to the body delicate instruments which showed that minute blood vessels in the skin dilated causing the hives or rashes. Family, marital, or business situations were involved. But all had one thing in common: The individual in every case was "taking a beating" under circumstances which would not permit him, to fight back or run away.

2. Early treatment of shock.—Shock is a critical state in which vital fluid oozes out and seeps away from the inner tissues, following severe burns or injuries. Since plasma or whole blood is needed, there has, till now, been nothing practically that the lay man could do to treat the condition of 'shock' before professional help arrived. The U.S. Institute of National Health (Surgical Section) carried out intensive researches and has been able to recommend a first-aid treatment for shock which may save many lives. The simple formula is:—One level teaspoonful of table salt (or even ordinary common salt) and half a teaspoonful of bicarbonate of soda (the common soda powder used by some people in cooking) both mixed in a quart (32 ounces or approximately half a Madras measure) of clean water.

If the badly burned or injured person suffering from shock is conscious, he is usually very thirsty. Allow him to drink as much of this sodium solution as he desires, *but do not on any account administer any other fluid to drink; plain water should not be given* as it will dilute the body fluids further; the salt-soda mixture will restore the fluid balance towards normal level. This solution is *not* a substitute for whole blood or plasma (or the modern artificial substitutes like dextran)—which will be required in treating the shock effectively—but it is a simple and effective before–the–doctor–comes measure.

3. To combat Acne (pimples on the face).—These unsightly

pimples and black heads of *acne*, a common skin disorder which usually troubles persons between the age of puberty and 30 years of age, often leave not only physical but also mental scars. To show that simple treatment and common sense "can bring about rapid improvement and frequently effect a complete cure" the doctors at the University of Cincinnati College of Medicine, selected 100 men, women and children with acne and experimented with a simple plan. Dietary restrictions were not many :–only chocolate, cola drinks and excessive use of nuts and fried foods (*e.g.* potato-chips, plantain-chips and other preparations fried and roasted in ghee or oils) were forbidden. Women were told not to use greasy cosmetics, men were asked to avoid oily hair dressings. *There was one strict rule.* Keep the hands away from the face!

Each patient was then taught a simple routine : wash the face with hot water; apply a soapy lather (in India, soap-nut powder may be used with even greater effect) with a soft cloth and leave the lather on for 60 seconds; rinse with hot water; repeat this process, adding a final cold-water rinse. After drying with a towel, the patient may apply a flesh-tinted preparation containing 2% resorcinol, 8% sulphur and 11% alcohol, in a non-greasy base. This decreased the skin oil and had an antiseptic effect on all the superficial pimples. It also hid the blemishes temporarily. The final report of the clinic was :—"with this treatment acne was arrested or greatly improved in all cases".—*(Reader's Digest,* Jan. 1952).

Words to Live By

Any one can carry his burden, however hard, until nightfall.
Anyone can do his work, however hard, for one day.

—*R. S. Stevenson.*

ONE of the most appalling commentaries on our present way of life is that half of our hospital beds are occupied by patients with nervous and mental troubles. And a principal cause is that too many people allow themselves to collapse under the crushing burdens of accumulated yesterdays and fearful tomorrows. The answer as Stevenson says, is to live for today. It may be that part of today's work calls for reviewing the past or planning for tomorrow. But there's no excuse for doing so with panic or regret. Instead we should get the facts and push on from there.

Today is the only time we can possibly live. Let us not turn it into a physical and mental hell by aimless worry about the future or by fretting over the blunders we made yesterday.

Remember how a walking trip always seems shorter if we concentrate not on the total distance to be covered to reach our destination, but just the distance to the next milepost? In the same way we should concentrate on living within today. Better tomorrows will inevitably follow.—(Dale Carnegie in *The Week*—From *Reader's Digest*, Jan. 1952).

The Understanding Heart

SIR WILLIAM OSLER, the famous English physician of Canadian birth (1840–1919) whose "Principles and Practice of Medicine, has been a standard text book, all over the world, was once on a visit to a leading children's hospital in London. In one of the convalescent wards, he noticed all the children clustered at one end of the room dressing their dolls, playing games, etc.–all except one little girl who sat forlornly on the edge of her high narrow bed, hungrily clutching a cheap doll.

The great physician looked at the lonely little figure, then at the ward nurse. "We've tried to get Susan to play" the nurse whispered, "but the other children just won't have anything to do with her. You see, no one comes to see her; her mother is dead and her father has been here just once—he brought her that doll! The children have a strange code. Visitors mean so much. If you don't have any visitors you are ignored".

Sir William walked over to the child's bed and asked in a voice loud enough for the other children to hear "May I sit down please?" The little girls' eyes lit up. "I can't stay very long this visit" Osler went on "but I have wanted to see you badly." For five minutes he sat talking with her, even inquiring about her doll's health and solemnly pulling out his stethoscope to listen to the *doll's chest.* And as he left he turned to the child, a twinkle in his gentle eyes, and said in a carrying voice "you won't forget our secret, will you? And mind, don't tell any one". At the door he looked back. His new friend was now the centre of a curious and admiring throng. All the children had gathered round her.–(J. P. Eaton in *Reader's Digest*).

Manifold Harm from Smoking

In a study on arteriosclerosis, Dr. William Dock of the State University Medical Centre, Brooklyn, considers some aspects of the effect of smoking on health (*American Journal of Medicine*, Vol. 2, p. 730). Tobacco, he says, causes constriction of the blood vessels in the extremities of all subjects and minor changes in the ballistocardiogram in one-third and in the electrocardiogram in one-half of normal subjects. Marked changes in the ballistocardiogram occur in over five per cent, in the cardiogram in less than one per cent. "The cumulative effects of such changes probably contribute to the reduced life expectancy reported by Pearl, but a far greater contribution to the mortality may be due to effects on the respiratory system. Not only cancer of the lung but chronic sinusitis, emphysema (swelling due to the presence of air in the connective tissues) and reduced resistance to pneumonic infection could be cited." Hence the physician can advise the inquiring patient with blood vessel disease of the leg that smoking will surely curtail blood flow in the diseased tissue. "Evidence of actual impairment of heart function due to half a cigarette may help a patient to give up the habit".—(*Good Health*, U.S.A., Feb. 1952).

Wide Evil of Sleeping Pills

SLEEPING pills are so commonly prescribed by physicians that the public perhaps does not understand the dangers connected with their use. A survey conducted by the *New York Times* reveals that they are more likely to bring on drug addiction than are marijuana or cocaine. They also cause more physical deterioration than the narcotics mentioned. It is generally provided by law that they can be sold only on a doctor's prescription, but many are obtained without that formality. When a habituated person is deprived of them, there are withdrawal symptoms similar to those endured by morphine addicts. The health commissioner of New York City, John F. Mahoney, says there is a steady increase in the metropolis in the human wreckage wrought by these pills. He favours federal legislation to control interstate traffic in them.

Dr. Herbert Weider, a psychiatrist at Bellevue Hospital, declares that these preparations have a destructive effect on nerve tissues. Withdrawal symptoms may include convulsions and actual mental disease and are more dangerous than those for heroin. They are sold under various trade names and are derived from the barbiturates. A considerable proportion of inmates of mental hospitals are suffering from barbiturate poisoning.

Dr. Victor H. Vogel, of the Federal Narcotics Hospital, Lexington, Ky., has learned that there are many ways of buying these pills illegally. Many take them not primarily to induce sleep but for their intoxicating effects. Like alcohol, they give a feeling of well-being and tend to relax fears and inhibitions. In 1948 there were manufactured in this country 672,000 pounds of barbiturates, enough to supply every man, woman and child with twenty-four pills. They caused about 1,000 deaths in 1950. These fatal results were partly suicidal, partly accidental. The user may take one or two and become so confused as to swallow enough to cause death. In 1950 there were 177 deaths in New York City from barbiturate poisoning, and 662 cases hospitalized who recovered. This compares with thirty-eight deaths from all narcotic drugs.

It is reckoned that twenty per cent of all prescriptions in internal medicine are for sleeping pills. They are sometimes known as "yellow jackets," "goof balls" or "pink ladies." Some victims indulge both in these pills and in heroin, cocaine or morphine. A strong reason for the popularity of the barbiturates is that they cost only about one dollar a dozen, while single narcotic pills cost as much, or more.—*Good Health*, U. S. A., Feb. 1952).

The mill will never grind with the water that has passed. Time will never bring thee back chances swept away.—*Sara Doudney*.

Common Ailments of the Eye

THE most common eye trouble among children is caused by the entry of foreign bodies, and children should be warned that rubbing the eyes only makes matters worse. Fortunately, most of these foreign bodies are particles which usually have a tendency to travel towards the inner corner of the eye, whence they can be readily removed. Many superficial bodies will shed themselves or can be floated off with the aid of an eyebath. But sometimes foreign bodies cling to the upper eyelid and they should be removed as quickly as possible by a nurse, someone practised in first aid, or in more serious cases by a doctor. Any other injury to the eye should also be immediately reported to a doctor.

Other common ailments include squints, styes, and "pink eye."

Squints

The earlier the squint is examined and treated the better. Transient and variable squints in the first few weeks of life are not necessarily, however, anything to worry about. The infant's power of steady fixation takes time to develop and meanwhile there is likely to be no coordination between the two eyes and each eye may deviate with little regard to its fellow eye. Infant's eyes, moreover, are relatively close together and may give the casual observer a false impression of internal squint.

On the other hand, some babies have the misfortune to be born cross-eyed as a result of birth injuries. But more frequently the squint is likely to make its first appearance after an illness or an accident. In such cases the disease or the shock caused by the accident is the final straw which brings to light a latent condition of eye weakness.

Ophthalmologists advise corrective treatment before the age of six so that the child may commence school-life with healthy eyes. Where treatment is delayed children with squints have to face unmerciful teasing at school, which may well seriously affect their general health. Equally sad, it may even result in a permanent squint that will seriously handicap the child for life.

Styes

Styes are simply little boils on the eye rim, in the sweat glands, or in the pits from which the lashes emerge. Usually, they are due to local infection and are the sign of a run-down condition. Eyebaths and a medically approved lotion will bring immediate relief and they can often be nipped in the bud or accelerated to "ripen" by warm eye lotion fomentations applied with discretion. Used in excess, fomentations make the skin so sodden that it readily gets re-infected. Squeezing is dangerous as well as painful. If the stye is obstinate, do not tinker with it; consult a doctor.

"Pink eye"

"Pink eye," better known as conjunctivitis, is a catarrhal complaint with an appearance that justifies its nickname, for invariably it causes the whites of the eyes to turn pink. Sometimes the eyelids are also infected. It is a well known feature of school life and although highly contagious, serious complications are rare.

As soon as pink eye is diagnosed, children should be told not to use each other's towels or handkerchiefs. They should also be strongly rebuked if they are seen rubbing their eyes or picking them with their fingers. Regular eyebathing, using a suitable lotion, is the most effective treatment. Two or three times a day to begin with, and during the bad stage of discharge the eyes may need bathing every two hours or so.

Affected children are not ill in the ordinary sense of the word, and providing the above precautions and treatment are taken and there are no complications, they can continue with their normal activities. There is certainly no need to keep them cooped-up indoors, and reading will do them no harm. Normal cases of pink eye should clear up completely in under a fortnight.—(*Mother and Child*, March 1952).

You Cannot Fool Baby for Very Long!

SCIENTIFIC tests on babies, aimed to establish their muscular powers and ability to take care of themselves, have been carried out by a specialist in midwifery at the Aberdeen University in Scotland. An instrument called a "Nanometer" which tested the slow rhythm of sucking, revealed that up to the fourth day of its life an infant would suck a dry teat without tiring But after the fourth day, the babes become wiser: most of them refused to suck without reward for more than ten to twenty seconds.

• Dr. F. E. Hytten, who made the tests, also measured the strength of an infant's pull with the aid of a pulley and a spring balance. The infant was placed on a table with its lower limbs extended by hand pressure to slightly less than full extension at the knees. Ankles were tied on and tapes from them fixed to a horizontal spring balance giving about ½ inch movement per lb. A cold object placed on the infant's chest caused a forcible flexion of the lower limbs And it was found that the better suckers have a more sustained and apparently more purposeful muscular action than the poorer ones.

Co-ordination of limbs was established by holding the tips of the babies' noses slightly and observing the reactions. On a first trial, most infants thrashed wildly with all four limbs, shook their heads and occasionally responded by mass extension A very few made an apparently deliberate attempt to remove the hand.

On succeeding tests some infants quickly learnt to remove the nuisance by using their upper limbs, while others took longer. The observer's finger was removed from the infant's nose immediately the infant struck the hand. Attempts were also made to induce infants to grasp a thin rubber-covered rod attached to a spring balance with the idea of measuring the pull required to break the grip. But the method had to be abandoned because many infants were unco-operative and results, when obtained, appeared to be completely haphazard.—(From *The Weekly Mail*).

What are Isotopes and How do They Benefit Us?

We are constantly hearing about radio-active substances—"Isotopes"—produced from atomic piles. These are ordinary every day, substances, like iodine, phosphorus etc., which are "cooked" in the pile and turn into a kind of artificial radium. The British Medical Research Council (M. R. C.) quickly saw how these might aid in detecting and treating certain diseases. At Mill Hill, these isotopes have been used to study the way in which important compounds are built up in the body. With their aid, an insight is being gained into the way in which fat is used up by unborn babies, and the way in which milk fat is built up. The importance of this to mothers and babies of the future may be very great indeed!

Again in the field of physics, a cyclotron is being built at Hammersmith Hospital under M. R. C. auspices. This is a machine which produces really supercharged X-rays, and it may play an important part in the treatment of cancer. Cases of lung cancer treated with the cyclotron have been collected already for comparing with those treated by surgery and X-rays

Here is an entirely new message of hope for a world in which cancer of all kinds is on the increase.—(*Everybody's Weekly*, London, quoted in *B. I. S. Letter of* 10-4-'52.

All problems become smaller if you don't dodge them but confront them. Touch a (thorny) thistle timidly and it pricks you; grasp it boldly and its spines crumble.—(W. S. Halsey in *Reader's Digest*).

Use and Abuse of Milk in Diet of Children

For many years pædiatricians have declared that the excessive use of milk to the exclusion of other good foods is inconsistent with good growth and development. This is not the fault of milk, *per se*, but in a diet in which the caloric requirement is met chiefly by milk there is an absence of other foods essential to normal growth. Children with normal dietary habits eat a variety of wholesome foods and do not depend mainly on milk to satisfy their appetites.

There are a number of reasons, to explain why some children develop the habit of drinking milk in excess of normal requirements. These reasons include the reliance of parents on the false notion that if a child drinks enough milk his nutrient requirements are fulfilled, failure to make use of the simple basic knowledge that a variety of good food is essential to good nutrition, the lack of parental interest or oversolicitude concerning the importance of good eating habits, incomplete or erroneous knowledge of how to prepare food for a child, and poor mental hygiene at mealtime.

While a profound knowledge of the nutrient contribution of milk is essential to the specialist, a basic knowledge of its place in the diet is all that is necessary at the family level. Somewhere between a pint and a quart of milk a day is useful and generally recommended for children. Adolescents often demand and may even benefit from the use of more than a quart of milk per day during the period when their appetites are great and their development rapid. The development of family attitudes in which the eating of all foods is considered a pleasure and not a duty is helpful is establishing good eating habits. These facts, together with the knowledge that a variety of food is essential to good growth and health, should prevent families from falling into faulty eating patterns, including the misuse of milk.

P. C. Jeans, in the *Handbook of Nutrition* of the Council on Foods and Nutrition, states, "Milk should not be considered solely as a source of calcium. It contributes most importantly to the requirement for protein as well as other essentials. During the period when the calcium requirement is lowest the requirement for protein is high. Consequently, it seems preferable to advise at least one and one half pints of milk (about 3 ollocks) after the period of infancy and up to the age of 10 years. The taking of a full quart throughout this period can be considered only as beneficial, provided the larger quantity does not crowd from the diet other essential foods. The fear or belief that the larger quantity may have this effect is widely prevalent but not too well founded, especially for those children who have normal appetites. It is true that in some instances psychological reasons arise for giving the smaller quantities of milk mentioned as meeting the calcium requirement. In such instances the protein requirement can be met with other protein foods, such as meat and eggs."

Jeans also states: "In meeting the protein requirement, one should place emphasis on the value of milk. A quart of milk (about 4 ollocks) daily supplies most of the protein need of the young child and half the need at the beginning of adolescence. Such a quantity of milk contributes more protein to the diet than any other single food. When milk is excluded from the diet, the protein requirement of the child can be met only if special and expert supervision is given." Milk is one of the most important parts of the diet for infants and children. However, like all foods, it must be wisely used. Milk should be a part of the diet of all infants and children; on the other hand, it cannot be used as the sole source for food, except when specifically prescribed during certain treatment regimens.—Editoral, *J.A.M.A.*, March 29, 1952.

"My wife explored my pockets last night"

"What did she get ?"

"About the same as any other explorer; enough material for a curtain lecture !"—*J.A.M.A.* 14-4-'51.

Soviet Health Service—By VLADIMIR KOLTSOV, Published by "Soviet News," London, 1952, (price 2d.) gives in short compass complete and valuable information relating to various aspects of Public Health Service, and Administration in Soviet Russia.

The expenditure on Public Health Service and physical culture has increased from 18900 million roubles in 1947 to 21,900 million roubles (approximately equivalent to Rs. 45,000,000,000) annually. In addition a State Social Insurance Fund supervised by Trade Unions, amounting in 1951 to an equal amount is used to maintain sanatoria, rest houses, child health centres, etc. The number of hospital beds in the Republic, has increased by about 25 per cent in the last 10 years. In 1950 there were 80 per cent more doctors in the Russian Soviet Federative Socialist Republic (R.S.F.S.R.) than in 1939. All types of specialised medical treatment are provided free to all people. And the hospitals and polyclinics work together to a uniform plan and provide every type of medical aid to the people.

The Industrial worker's health is a particular concern of the Soviet State and the factory health services consisting of a hospital for 60 patients, a central polyclinic, 12 medical aid units, 4 prophylactic units, 2 dietetic dining rooms, a night sanatorium, a rest home near Moscow, and a sea side sanatorium near Riga. The annual expenditure on these is more than 20 million roubles. (4 crores of rupees approximately). Each trade has specialist doctors to treat particular industrial hazards. Medical science in U.S.S.R. is intimately associated with practical work in protection of labour and its safety.

Rural public health service has also had radical changes. Teams of doctors visit collective farms regularly, with adequate medical surgical and nursing personnel. They receive refresher courses of training to keep them informed of uptodate methods. The rural practitioners also engage in research work of practical value, and rural medicine is constantly developing and perfecting its methods.

Maternity and child welfare work has received enormous and special attention from the State. The number of maternity beds in the State was 6824 in 1913 but has increased now to 125000 ; the maternity and child welfare centres have increased from 9 in 1913 to 6000 now. Nursery accommodation was available in 1913 for 500 children, but now 850,000 children find comfortable accommodation. Maternity benefit schemes are in full operation and 2000 million roubles were paid out to pregnant and nursing mothers in 1950. The Soviet Union spares neither effort nor expense in safeguarding the health of the rising generation.

The rest of this booklet deals exhaustively with ambulance service, holiday facilities, Air Medical Service. Medical education and achievements of Soviet medicine, The booklet is very instructive and interesting. T.N.S.B.

* * *

Control of Drugs

The following is from the *Calcutta Municipal Gazette* for 19-4-1952.

Spurious drugs seized

"Large quantities of drugs and medicines, alleged to be spurious, were seized by the Enforcement Branch of Calcutta Police in raids in three medical stores in Calcutta on the 9th April 1952.

The drugs and medicines seized include :—

Livergen—87 phials, Quino-Hæmogen—445 phials, Diapepsin—222 phials, Angier's Emulsion—24 phials, Grimault's Syrup—62 phials, Calcium (Sandoz)—15 boxes each box containing 10 phials, Streptomycin—42 phials, Chloromycetin—44 phials, Cibazol—7 phials, Entero Quinol—6 phials, Penicillin—619 phials, Seclopan—4 phials, Ferradol—78 phials, Combex 10 phials, Waterbury's Compound—6 phials, Xterodin—236 ampoules."

[Such raids will certainly help in preventing the sale of spurious drugs to unsuspecting customers who are mostly laymen who rely on the correct medicines prescribed by their doctors, being dispensed or supplied by the dealers. When

will we in Madras State have an organization similar to the Enforcement Branch of the Calcutta Police to carry out systematic inspections (and raids when necessary) of establishments that stock and dispense drugs, chemicals and patent medicines and foods? The system of food and drug inspection at present in vogue in our municipal and local board areas has not been sufficiently deterrent and effective in putting down adulteration and marketing of spurious drugs and foods.—Ed., HEALTH.

* * *

Calcutta Medical College, 117-year old medical institution of India, will have a new administrative set up to come into operation probably from June next.

The broad features of the set-up are stated to be as follows :–

(*a*) Appointment of whole-time medical men with permission to have private practice inside the Medical College, 50 per cent of the income accruing from private practice inside the Medical College going to the Government.

(*b*) Abolition of the time-honoured system of appointment of honorary senior and junior visiting physicians both for teaching and medical care of patients.

(*c*) Reduction of the total strength of general physicians and surgeons by about 50 per cent.

(*d*) Creation of a new professorship in venereology.

(*e*) Abolition of scope of specialisation by medical men in the matter of treatment.

An additional expenditure of nearly Rs 3,00,000 which the introduction of the new set-up will cost the Government is proposed to be met by adoption of the following steps :—

(1) Creation of paying beds in the Medical College, the charge being Rs. 3 per bed per day ; (2) Increment in cabin rent (these two measures have already been given effect to).—(From *Calcutta Municipal Gazette*, 26-4-'52).

* * * *

A New Drug (Liquid Elixir of Terramycin : For Children's Ailments)

Pneumonia, one of the world's greatest killers of babies, has been treated with "dramatic" effectiveness with one of the liquid forms of terramycin, new broad-range antibiotic, according to two British child health specialists at the University of Manchester, England, who treated with this drug 66 children suffering from pneumonia and other infections. Thirty-four out of 35 patients with pneumonia responded rapidly to treatment, in most cases within 24 hours.

Elixir Terramycin, given orally was found to bring "dramatic response" in treating children and infants with upper respiratory tract infections including those of the tonsils, throat, nose and middle ear. Pyuria, in adults and children, a condition characterized by the presence of pus in the urine, responded equally well.

The cherry-mint flavour and taste of the medicine are very important factors in treating children who find it extremely palatable. In fact, it is taken very readily by infants and children. The drug produced no harmful side-effects.

Terramycin's effectiveness in treating pneumonia in infants and children is of major importance to the medical world in view of the great number of victims this infection has claimed. Pneumonia is rated among the three main causes of death in children under one year in Egypt, Japan, India and most other areas of the world.—(*M. P. I. B.*, New York, May 1952).

A "Trap" Headache

By investigating his own ailment, Dr. J. Bostock has found the existence of what he calls a "trap" headache (*Medical Journal of Australia*, Vol. 1, p. 80). After canvassing various possibilities, he came to the conclusion that his trouble was due to repressed hate. He later found similar cases among his patients. There is war in the mind between the desirable and the attainable. Owing to this underlying frustration the sufferer is in a trap. He wishes to escape but the exit is barred. Psychiatry has been applied to some of these patients with success.—(*Good Health*, U.S.A., Feb. 1952).

Medical and Health Topics from Periodicals

Vitamins and hearing.—Tests on the effect of vitamin A on impaired hearing are reported by Dr. M. J. Lobel in the *Archives of Otolaryngology* (Vol 53, p 515) He found benefit in certain types of this disorder In some cases where there was no improvement in hearing, there was relief from tinnitus (ringing in the ears).—*Good Health,* U S.A , Feb. 1952.

Mental aspect of surgery.—Surgery is far more safe than it was in earlier generations. This is for the most part due to scientific progress. Operations which formerly had a high death rate are now as routine as pulling teeth. Attention is called to another favorable factor in a editorial in *Medical Times* (Vol. 79, p. 643). It is the advance mental preparation of the patient. In fact the writer considers it as important as the physical preoperative measures Of course most persons look on a serious operation with dread, but this feeling can be greatly lessened by the wise words and reassurance of the physician and the surgeon. Earlier convalescence is likely.—*Good Health,* U.S A , Feb. 1952.

A hint about reducing.—A fairly effective aid in sticking to a reducing diet is presented by Dr. Norman Jollife and associate of the New York City Department of Health (*Science News Letter*, Vol. 60, p. 361). It is simply the taking of four ounces of orange or grapefruit juice half an hour to an hour before lunch and dinner This amount contains 100 calories. Somehow it seems to take the edge off appetite It was tried for four weeks on forty-two patients who were limited to between 1000 and 1400 calories of other foods daily They lost a combined 603 pounds, an average of over fourteen If all had adhered closely to their diets, the loss would have theoretically been 786·7 pounds. So the doctors regarded the test as 78·8 per cent satisfactory.—*Good Health,* U S A., Feb 1952.

Pneumonia being conquered.—A striking example of the achievements of modern medicine has been the partial conquest of pneumonia This disease was once deservedly dreaded, especially when it attacked the elderly. Writing of it in the *Chicago Tribune,* Dr. Theodore R Van Dellen of Northwestern University, says that formerly it was nip and tuck the first five or ten days, with twenty to forty per cent of the patients failing to survive. After the crisis was passed—if it was passed—recuperation was likely to last a month But the introduction of sulfonamides, and later, the antibiotics made a marvellous difference Now the temperature drops to normal in from twenty four to forty-eight hours and ninety five per cent recover. Convalescence is brief.—*Good Health,* U.S.A., Feb. 1952

Travels of a fried potato.—"In your mouth for a few minutes, in your stomach for a few hours, and on your hips and joints for the rest of your life." (Rheumatism lumbago, etc)—*Reader's Digest,* Feb. 1952.

From President Truman's autobiography.—"In my second year in school my brother and I had terrible cases of diphtheria—no anti-toxin in those days. They gave us ipecac and whisky. I have hated the smell of both ever since."—*Reader's Digest,* April 1952

Sport fatalities.—The death of two boxers has led Dr. Thomas A Gonzales, chief medical examiner of New York City, to compile a list of fatalities in connection with competitive sports in that city from 1918 to 1950. His article appears in the *Journal of the American Medical Association* (Vol 146, p 1506). The total was 104. Football came first with twenty-three, boxing with twenty one, and then basketball with seven.—*Good Health,* U S.A , Feb. 1952)

Fare exchange.—A car pulled up to a curb in San Francisco and the taxi-driver said "That will be 4 dollars"

"Oh ! no, it wont" sniffed the customer turning his pockets inside out "I am broke and you know what they say, you can't get blood out of a turnip."

"Look, Mister," said the taxi-driver grabbing him" you are no turnip and your blood is worth 4 dollors a pint". And he hustled him into the nearest blood-donor centre, stood by while a pint was extracted and collected his four dollars (San Francisco Examiner in *R D.,* Feb '52).

Some deft definitions

Committee.—A group that keeps minutes but wastes hours

Firmness.—An admirable quality in ourselves and pure stubbornness in others.

Hobby :—Something you go goofy (sentimentally foolish) over to keep from going nuts over things in general

Infant prodigy :—Small child with highly imaginative parents !

In-law :—The one law yon cannot flout.

Joint a/c.—A bank account in which a husband deposits monev and his wife draws it out.

Monologue :—Conversation between husband and wife.

Parents :—The hardships of a minor's life

Philosophy :—The system of being unhappy intelligently.

Advice.—What a man gives when he gets too old to set a bad example.

Maternity hospital :—An heirport.

Rationed State :—Queue-topia. (W. Churchill).

Time saver :—"Love at first sight."—(*R. D.*).

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